

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2007
through 12/31/2007

Date of election if applicable:
(Month, Day, Year)
11/07/2006

FILED
JAN 29 2008
CITY OF SANTA MARIA
BY [Signature]
City Clerk
CALIFORNIA FORM 460
Page 1 of 4
For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☒ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
I.D. NUMBER
1227669
Alice Patino for City Council

Treasurer(s)

NAME OF TREASURER
Tom Martinez
MAILING ADDRESS
2450 Professional Pkwy, Suite 220
CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 805-346-8407

STREET ADDRESS (NO P.O. BOX)
2450 Professional Pkwy, Suite 220
CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 805-346-8407
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

Trent Benedetti
MAILING ADDRESS
2151 S College Drive, Suite 101
CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, Ca 93455 805-922-4881
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-22-08
By [Signature] Trent Benedetti
Signature of Treasurer or Assistant Treasurer
Executed on
By [Signature] Alice M. Patino
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on
By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on
By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2450 Professional Pkwy, Suite 220	Santa Maria,	CA	

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	
CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	
CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

Statement covers period from 07/01/2007 through 12/31/2007	CALIFORNIA FORM 460
Page 3 of 4	I.D. NUMBER 1227669

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 0.00	\$ 0.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 0.00	\$ 0.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 0.00	\$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30	7/1 to Date
20. Contributions Received \$	\$
21. Expenditures Made \$	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 91.65	\$ 191.90
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 91.65	\$ 191.90
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 91.65	\$ 191.90

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

/ / \$

/ / \$

/ / \$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 2,983.45
13. Cash Receipts	Column A, Line 3 above 0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 91.65
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2,891.80

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Type or print in ink.
Amounts may be rounded
to whole dollars.

CONCLUSIONS

NAME OF FILER

Statement covers period
from 07/01/2007
through 12/31/2007

CALIFORNIA
FORM
460

Page 4 of 4

CMP	campaign paraphernalia/misc.	RAD	radio airtime and production costs
CNS	campaign consultants	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	SAL	campaign workers' salaries
CVC	civic donations	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	TRC	candidate travel, lodging, and meals
FND	fundraising events	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure, supporting/opposing others (explain)*	TFS	transfer between committees of the same candidate/sponsor
LEG	legal defense	VOT	voter registration
LIT	campaign literature and mailings	WEB	information technology costs (internet, e-mail)
		MBR	member communications
		MTG	meetings and appearances
		OFI	office expenses
		PET	petition circulating
		PHO	phone banks
		POL	polling and survey research
		POS	postage, delivery and messenger services
		PRO	professional services (legal, accounting)
		PRT	print ads

[illegible]

SUBTOTAL\$	0.00
------------	------

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	0.00
2. Unitemized payments made this period of under \$100	\$	91.65
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	91.65